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## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

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DEAR EDITOR: In replying to the question as to the success of hourly nursing from a professional and financial stand-point by one who has been engaged in it sixteen months, I would state that I have done "district" work for the association here for over a year, and so have some acquaintance with the physicians; this I consider almost absolutely necessary for one starting this line of work.

I found there was a great need among the physicians and laity for an independent visiting nurse, and the result of my first year is very satisfactory from all sides, and I am in better health than I have known for years.

My work began largely with the better class of my district patients, who would rather pay than have another nurse. I made a charge of twenty-five cents an hour to them and three dollars and a half for confinement, doing the labor and making six calls. I found the cheaper work often led to better paying cases, and now that I have advanced my charges find the majority able and willing to pay me. I charge from one dollar and a half to three dollars for operations, two dollars for massage, two dollars to three dollars for night duty, and fifty cents to one dollar a call of an hour.

For confinements I am charging three dollars, and fifty cents for each after-call, unless it be one of my poorer patients. I then make a charge of five dollars, visit every day for a week, then every other for two or three calls.

From the first I refused calls from any but the best physicians, and have always tried to help any of them out when they needed help in a charity case, and they always appreciated it.

I have now a nice little practice among the best people here and all adjoining towns, and expect each year the work will grow better.

I have made a rough estimate of my year's work financially, and find it equals what my salary would have been had I remained in the association. I have done about twenty-five dollars in charity work, and lost from twenty-five dollars to forty dollars in bad bills.

My calls come from many sources besides the physicians, but unless the case be the most ordinary (*i.e.*, giving a bath and making generally

comfortable someone simply indisposed for a few days) I call up their regular physician and ask if he has any special treatment he would like given, thus trying to keep on a purely professional basis. I would add that I have a telephone in my rooms, and when I am not here to answer my regular physicians telephone a drug-store near and leave the call or word to call them. I expect soon to put on an "extension line" into an adjoining suite, and the lady there will answer for me, and thus simplify matters and add to the work, as strangers do not know of the drug-store call and so I have lost some work, I know.

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DEAR EDITOR: I read an article in *THE JOURNAL OF NURSING* for October asking for some information in regard to hourly nursing, and as I have been engaged in the work for the last three years will be glad to give what information I can on the subject. I have found it a very pleasant work, and so far it has been successful, as I had the coöperation of some of our best physicians and surgeons. I had cards printed stating my price—one dollar per hour for bath, rub, colonic flushing, vesical and vaginal douches, or whatever might be the needs of the patient, either medical or surgical cases. I also go to relieve the family at night when worn out, and when they have not had a nurse continually. I also took a course in massage, which I found very necessary in my work, and I think I have been quite as successful in that branch as the other. I also sterilize for the nurses doing obstetrical work when their time is so engaged they find it impossible to leave to do their sterilizing. I also prepare for minor operations in the patient's home. Of course, the majority of surgeons prefer their patient being in the hospital, so I do not have as much of that work as I would like to. I relieve nurses where the family do not care to have two nurses all the time, and they find it a great relief to have a second nurse come in. Of course, the hourly work is very like the continuous, being sometimes very flourishing, then a lull, but on the whole I consider it as lucrative as continuous nursing. I think as time goes on it will grow, and the doctors will find it to their advantage to employ the hourly nurse more than they do now. I enjoy the outdoor life and the variety of work. I hope this letter will be of some benefit to those interested in the work.

HELEN L. WILTSIE,

Graduate of St. Luke's, Chicago.

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DEAR EDITOR: Referring to the letter written by your Harrisburg correspondent in the November issue, I fail to see her answer to the question, "How will the higher education affect the nurse in private

practice?" but I think her ideas on the subject of nurses and nursing erratic.

Starting with salary received, possibly in some of the larger cities twenty-five or thirty dollars per week may be charged and laundry included, but I think in the majority of places the salary asked is twenty dollars per week without laundry (unless it is a contagious case, then the laundry should be done in the house).

It was impressed upon us in our training-school course that people with illness in the home usually had as many expenses as they could meet and extra work to be done without our adding to it in the shape of personal laundry.

The next suggestion, that "it is quite a nurses' own fault if she sacrifices her health in trying to do impossibilities in the way of foregoing sleep and recreation," admits of difference of opinion. A nurse who has been in private work any length of time finds that the home is seldom run as systematically as usual. Whether it be father, mother, or child ill, there is generally a more or less chaotic condition existing, and sometimes for the first two or three days she hesitates about leaving the patient in charge of a relative or friend already over-anxious and over-worked. What shall a nurse do under such conditions? If in a wealthy family, it is easy to ask for a second nurse, but in the majority of homes where nurses are now employed the extra expense of an illness is keenly felt, and while the nurse is probably doing herself an injustice in thus overtaxing her strength, she does her utmost to care for her patient and keep expenses down as low as possible.

Not that many of us think ourselves martyrs. We consider nursing the highest and noblest work ever undertaken by woman.

We agree with your correspondent that "We are but human," but in some instances the friends of the patient forget and do not take especial precaution to try and have the house quiet when we are relieved.

More often in the earlier stages it seems that a superhuman effort on the part of the nurse is required to keep things going smoothly when all around are intensely anxious, and to protect the patient from friends who, through lack of strict obedience to the nurses' instructions, may do more harm in a few hours than nature can repair in as many days.

I do not know a nurse among my numerous acquaintances likely to stand twenty years of private nursing.

The last English statistics I read quoted ten years as the average professional life of a nurse, which include two and a half years of illness, leaving seven and a half years the average active life.

I also think very few nurses earn more than six hundred dollars per annum, five hundred being nearer the mark. Lung trouble, nervous

troubles, and typhoid fever with its attendant evils seem to be the fate of those who try to stick more closely to their work.

It always seems a great pity that people such as most training-schools demand should have to give up work at a time when their broad experience of people and things ought to make them more valuable in the sickroom than the younger graduates, who, while probably more up to date, lack that breadth of vision which comes only from contact with the people of the world. Yours cordially and courteously,

EMILY MEADS, Toledo, Ohio.

[We agree with Miss Meads that there are many cases where a nurse must risk her health for her patient, especially in the homes of the great middle class, where one nurse is all that can be afforded.—Ed.]

A number of very interesting letters are held over until the next issue.

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



THE CAUSES OF SMALLPOX, VARIOLOID, VACCINIA, CHICKENPOX, SCARLET FEVER, MEASLES, AND TYPHUS FEVER.—The *New York and Philadelphia Medical Journal* has a synopsis of a paper in the *Roussky Vrach* which is of interest: "Neviadomsky announces the discovery of a vegetable microörganism which he claims is the cause of smallpox. This organism possesses an extraordinary set of morphological and biological properties. Inoculations of cultures of this germ cause the development of a characteristic pustule, and the inoculation of the contents of the pustule produces a series of similar pustules in other animals. The same microörganisms were found in pure cultures in cases of varioloid and vaccinia. The microörganisms thus found, therefore, decides the question as to the relationship of smallpox, varioloid, and vaccinia. The author was able to find also a germ which is the cause of chickenpox, but is not identical with that of smallpox. He was not satisfied with these discoveries, and found, further, the germs of scarlet fever and measles respectively, which resembled each other in shape but varied considerably as to their biological properties. The author promises to publish further details later."